



Rapid influx of Rohingya refugees

from Myanmar into Bangladesh

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At least 164,000 people have now crossed into Bangladesh, fleeing violence in Rakhine state, Myanmar that started on 25 August. This massive influx, coming on top of 75,000 people who have arrived since violence began in October 2016, represents one of the largest influxes ever of Rohingyas into Bangladesh.

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Background

01

During the early hours of Friday 25 August, members of an armed group – in some locations allegedly accompanied by Rohingya villagers – staged coordinated attacks against a number of security locations and a military base in northern Rakhine. The Arakan Rohingya Salvation Army (ARSA), an armed group that came to the world's attention in October 2016, claimed responsibility for these attacks. In response, the Myanmar military, at times joined by police – and in some locations, according to multiple accounts, by ethnic Rakhine villagers – launched widespread military operations throughout Maungdaw, Buthidaung and Rathedaung townships. In many locations, Rohingyas were attacked, triggering a mass exodus of people to Bangladesh as well as mass displacement within Myanmar. Ethnic Rakhine villagers also fled the area, many taking shelter in monasteries or military compounds or relocating away from the violence.

Rohingyas arriving in Bangladesh have shared stories with Médecins Sans Frontières (MSF) about their villages being systematically raided and burnt by Myanmar military and by mob groups targeting Rohingyas.

Between 25 August and 16 September, more than 400,000 Rohingyas fled to Bangladesh to seek safety, according to the Inter Sector Coordination Group.¹ The existing makeshift camps (Kutupalong, Balukhali and Leda), already extremely densely populated, have absorbed a large proportion of new arrivals. So have the two camps for registered refugees: Kutupalong registered camp and Nayapara registered camp. Schools, madrassas and community centres within the settlements have been transformed into emergency shelters. Many people have made improvised shelters out of plastic sheeting and bamboo sticks, although some people have no option but to sleep on roadsides. While the host community has absorbed some of the new arrivals, most of the newly arrived Rohingyas are struggling to find adequate shelter.

The number of people in enclaves outside the existing camps continues to increase, leading to the establishment of new spontaneous makeshift camps. Some Rohingyas fleeing the violence in Myanmar have travelled to Shamlapur, Palong Khali and Naikhongchari

(Bandarban). Many are still on the move, in search of more suitable locations for shelter, making it difficult to provide them with comprehensive assistance.

To date, Bangladeshi authorities, faced with the massive influx of Rohingyas from Myanmar, have been lenient at the border and either admitted or turned a blind eye to people crossing into Bangladesh. They have also adopted a relatively open attitude towards humanitarian assistance – possibly due in part to the overwhelming scale of the influx and the fact that their own response capacity is currently focused on flooding in northern areas. Humanitarian agencies and local communities have begun responding, but reception mechanisms to meet the immediate needs of people fleeing the violence are severely lacking.

According to reports, significant numbers of people are still stuck behind border lines and on a strip of sandbank on the border between Myanmar and Bangladesh.² Many cannot afford the large amounts of money being demanded to cross the Naf River by boat.

"We are a family of 10. We left our house because of the violence and came to Shar Por Dip [in Teknaf]. There were 21 people on the boat – two men and the rest women and children – and we agreed to pay 5,000 taka each [around 50 euros]. As we were leaving the shore, the boatmen asked for 2,000 taka [around 20 euros] more for each of us. We told them that we can't pay that much. They beat us badly and made the boat capsized when it got near the shore of Bangladesh."

Newly arrived father, interviewed on 8 September 2017

1 As of 16 September 2017, 412,000 refugees had reached Bangladesh, according to Inter Sector Coordination Group, Situation Report: Cox's Bazar Influx, 16 Sept 2017, available at: https://reliefweb.int/sites/reliefweb.int/files/resources/170916_ISCG%20SitRep_Influx%20August%202017.pdf

2 The buffer zone between the two countries – known as 'no man's land' – is around 500 metres wide and sometimes defined by the Naf River. Thousands of people are stranded in this strip, waiting to enter Bangladesh and in desperate need of humanitarian assistance.

A Rohingya family reaches the Bangladesh border after crossing a creek of the Naf river on the border with Myanmar, in Cox's Bazar's Teknaf area, Tuesday, Sept. 5, 2017.



Violence-related injuries

02

Between 25 August and 16 September, MSF's clinics received at least 243 patients with violence-related injuries, including gunshot wounds, landmine injuries, burns, blunt trauma, bruises and broken bones. Out of the 243 patients with violence-related injuries, 159 were treated for gunshot wounds, which is more than six times higher than the total number treated since the beginning of this year. "In my eight years here, this is the worst we've seen," said MSF's nurse supervisor in Kutupalong clinic. "Similar to last year,³ many patients have bullet injury entry points in their backs, which are consistent with testimonies gathered by MSF stating that they were shot whilst fleeing."

"Then, three trucks loaded with military came into the village and started firing at people in the field; I saw everything with my own eyes. When the military started shooting, many people were shot. I fell to the ground. Everyone was running, and I begged my friends to help me."

24-year-old man from Maungdaw, treated in MSF clinic for a gunshot wound to his right foot, interviewed on 29 August 2017

"The military came, they were hundreds. First they selected men from the crowd and told them to lie beside the canal, facing down to the ground. Their bodies were in the water. And then the military stabbed them from back so many times. I saw with my own eyes how they killed my husband. He was a farmer, nothing more. They burnt all the bodies together. Seeing this killing, some youths from the crowd tried to run. They managed only up to the village graveyard. They were shot from behind. My 12-year-old son and nephew of the same age were there. They are dead too. My father was also shot dead."

35-year-old woman from Tula Toli/Min Gie Para, Maungdaw, interviewed on 14 September 2017

In the first 48 hours after the 25 August attacks, most patients arriving at MSF's clinics were young men, although two children under the age of five were admitted

with gunshot wounds. By Sunday 27 August, an increasing number of women, children and the elderly arrived at the clinics.

A range of patients, including children, from different areas of Rakhine State, shared with MSF accounts of raids by the military, torched houses, random and indiscriminate shootings, use of rocket-propelled grenades, the deaths of relatives or neighbours after being shot or stabbed, dead bodies littering their escape route, and widespread destruction.

MSF has been able to confirm that three of its four clinics in Rakhine State have been burnt down⁴.

Patients' injuries and conditions treated by MSF staff, as well as accounts by newly arrived refugees, point to the excessive and unnecessary use of force by the Myanmar military, unlawful killings, extrajudicial and summary executions, indiscriminate attacks against civilians, the widespread use of violence, the widespread destruction of property, including arson and looting, and the forced displacement of particular ethnic/religious groups en masse.

"We left because of the situation in the village; many houses were torched including our own. Military forces were firing at us, starting Thursday until Saturday. They were using big weapons, rifles, grenades, and helicopters were torching."

Newly arrived woman, interviewed on 29 August 2017

"I saw the slaughtering: it were the military and the Moghs [in relation to Rakhine people] and Hindus. My house was burned and all the other

³ This is a reference to the mass influx of dozens of thousands of Rohingya refugees in October 2016 following "clearance operations" by the Myanmar military. The military's actions were in response to a series of armed attacks on the Border Guard Police in northern Rakhine State which caused nine deaths among security forces and triggered a complete lockdown of the area while joint Border Guard Police/military operations were conducted.

⁴ The destroyed clinics were located in Ah Leh Than Kyaw, Inn Din and Myint Hlut.

houses too. Some of the villagers went to fight the military with machetes, but the military shot them all. All the men are dead. I wouldn't have left if I didn't have to, I'm too old. It took us 13 days to get here, this is the 14th day and we arrived this morning. I came with my daughter. On the way from Buthidaung through Maungdaw I saw at least 300 people dead – they were slaughtered. All the villages are burning, including the big houses. We saw military on the way, and the trucks; everyone ran"

Elderly woman, interviewed on 11 September 2017

By 5 September, 23 victims of sexual and gender-based violence had been seen by MSF medical teams. All reported having been abused by the Myanmar military forces or mobs associated with them.

"Last week, after Friday prayers [on 18 August 2017], the military attacked the village. The men escaped to the hills. It was not just the military but also the Mogh villagers [in relation to Rakhine people] and Luntin [Myanmar Auxiliary Forces] were there. They looted the houses

and three women, two of them teenagers, were raped. After that we found them dead. We buried them. I saw the dead bodies with my own eyes."

Relative of an MSF patient treated for burns, interviewed on 23 August 2017

Testimonies from patients in MSF's clinics suggest that the Myanmar authorities have increased security operations in Rathedaung township since June 2017. Several patients reported that their villages had been attacked prior to 25 August, against a backdrop of increased violent attacks, disappearances and killings from May onwards. At the same time, nationalist groups and political parties in Rakhine State were putting pressure on the central government to 'restore law and order'. There were also increasing calls to expel the 'illegal Bengalis'. In mid-August, the government of Myanmar sent a 300-to-500-strong battalion of troops into the area to bring it under increased control and improve security. There were reports of the troops attacking villages, making arbitrary arrests and carrying out killings.

MSF has been working in Bangladesh's Cox's Bazaar region since 1992 and in Myanmar's Rakhine State since 1994. In Cox's Bazaar region, MSF runs a 70-bed clinic in Kutupalong, near Kutupalong makeshift camp, providing comprehensive general and emergency healthcare, and a mobile clinic in Balukhali makeshift camp, providing basic general outpatient services, reproductive healthcare and mental health services, to both Bangladeshi and Rohingya refugees and the local community. To respond to the influx of refugees in September 2017, MSF has mobilised three medical teams to run clinics in remote areas, and has opened two additional fixed clinics in Kutupalong and Balukhali, as well as setting up additional water and sanitation activities. MSF also supports the Ministry of Health-run centres in Ukhiya and Teknaf with human resources and a mental health programme.

Border crossings

Dynamics on the already porous border between Myanmar and Bangladesh shifted rapidly over the days following the 25 August upsurge in violence in Myanmar. While initially the Bangladeshi government maintained its position of denying entry to Rohingyas fleeing violence in Myanmar, border crossing quickly became tolerated. There are several points along the border where crossing opportunities change on a daily basis. Some new arrivals mentioned that Border Guard Bangladesh (BGB) is 'turning a blind eye' to refugees crossing over, especially those with injuries. However, there are also reports of refugees being intercepted or held along the border, mostly temporarily. Reports suggest that refugees are allowed to cross after being made to wait for a period of time.

"They kept us waiting until this morning. We left at seven in the morning... The hills were full of people. BGB told us: 'You wait here. If the journalists see you, you have to go back to your country. You can go when no one sees you.' Injured people were let through and taken to the MSF hospital."

Newly arrived woman, interviewed on 29 August 2017

Towards the end of the first week after violence broke out, the number of people crossing the border visibly increased, allegedly because BGB loosened control. There was a definite change overnight on 31 August, when people started streaming into Bangladesh in large numbers. The way that BGB has been directing the flow of people and directing them towards makeshift settlements suggests a change in stance of the Bangladeshi authorities, but nevertheless their willingness to allow refugees to cross into Bangladesh remains fragile. On 17 September, Bangladeshi police issued an order banning Rohingya from travelling anywhere outside their allocated camps, not even to live with family or friends. Transport operators and drivers have been urged not to carry refugees, and landlords have been instructed not to rent property to them.

By contrast, several MSF patients have reported that they were shot at or beaten by Myanmar Border Guard Police on the way to the border or while crossing the river.

"Military is everywhere. They closed the roads and if they see any Rohingya outside travelling on the road, they just shoot on us now. They don't even ask a question anymore. So, we came through forest on the hills hiding, from a point to another without being noticed."

49-year-old man who brought his wounded son to MSF's clinic, interviewed on 30 August 2017

Refugees who have crossed into Bangladesh are settling in six new spontaneous sites in Unchiprang/Roikhong, Mainnerghona, Jamtoli/Thangkali, Burma Para/Tasnimarkhola, Rubber Garden and Hakimpara. Many more spontaneous settlements have mushroomed around the areas of Teknaf, Ukhiya and Bandarban. On the Gumdum-Tombu 'zero point', an estimated 3,000 Rohingyas are currently trapped on a sandbank in 'no man's land' in the middle of the Naf River which divides the two countries. An estimated 3,500 refugees are in Kunapara, while in Anjuman Para, some 2,000 people are living on levees protruding into the river, in the open air and in dire need of food, water and shelter. In other areas of Bandarban visited by MSF teams, refugees were found walking or taking public transport towards Kutupalong after crossing into various towns in the border since 25 August 2017.⁵

⁵ https://reliefweb.int/sites/reliefweb.int/files/resources/170916_ISCG%20SitRep_Influx%20August%202017.pdf

Bangladesh: Humanitarian situation and refugees' needs

MSF teams are currently witnessing a rapidly deteriorating humanitarian situation in Bangladesh. Rohingyas who have arrived recently in the makeshift settlements describe their anguish about the lack of shelter and food. Those already living in the settlements and the host community are sharing what they have with new arrivals. Action contre la Faim (ACF) has been distributing hot meals to some of the new arrivals and plans to set up wet kitchens in Kutupalong and Nayapara registered camps, as well as Leda and Teknaf villages, through local NGOs. However agencies and NGOs working in the settlements are totally overwhelmed by the needs. Access to shelter, food, sanitation, core relief items and clean drinking water is urgently needed and a massive scale-up of humanitarian assistance is required to avoid excessive mortality in a few weeks' time due to malnutrition, dehydration and outbreaks.

Even before the current crisis, food security was an ongoing challenge in the makeshift camps; now it is at alarming levels. In July, rates of severe acute malnutrition (SAM) in the makeshift camps were as high as 4.8%, while general acute malnutrition (GAM) rates exceeded 20% – higher than at any point previously in 2017. The recent dramatic increase in the number of new arrivals, many of whom were already food-insecure in Rakhine State, may amplify food insecurity, malnutrition rates and threaten the lives of thousands of refugees. There is a clear need for agencies and donors to step up their response to ensure that all Rohingya refugees in the makeshift camps and surrounding areas are provided with substantial nutritional support.

Refugees in the makeshift camps and new spontaneous sites are living in insanitary conditions in makeshift shelters located in highly congested areas with poor infrastructure support. All over the area, open defecation takes place, and torrential rains are turning the congested camps into a mix of faeces and mud.

Access to clean drinking water is a major problem, leading to people drinking water from shallow hand-dug wells. Diarrhoea is one of the key morbidities among the patients seen in MSF's clinics, and MSF medics

have been confronted with the first adult deaths due to dehydration. Such deaths are a consequence of a lack of water in combination with diarrhoea, something which is only witnessed in extreme situations. The current high congestion of the settlements and camps will seriously hamper the ability to provide humanitarian assistance and will significantly increase the chance of transmission during outbreaks.

Some people arriving in Kutupalong have relatives or friends to stay with; others are staying with strangers who are kind enough to offer shelter. MSF met one existing refugee family who had taken in eight different families, including a large number of children, and who were so short of space that at night the men had to sleep outside. In some sections of Kutupalong makeshift camp located on the main road, almost every household is accommodating at least one new family. Other refugees and locals have constructed temporary shelters in the existing settlements, while others are being accommodated in schools, madrassas and community centres. This is not a sustainable solution, as the overcrowding of shelters is likely to push people to build their own structures, thereby extending the camps far into the forests. Last January this resulted in the establishment of Balukhali makeshift camp after tensions escalated between authorities and refugees.

The ability to improve the shelter situation is further hampered by state policies that do not allow improvements to shelters or expansion of the area of the sites. On 14 September, the Bangladeshi government decided to allocate 2,000 acres (around 8 square km) of land for a new camp, whose exact boundaries remain unclear. The proposed site lacks access routes and is undulating, meaning that only a portion of the land is usable, while the low areas are prone to flooding. The area is highly susceptible to seasonal cyclones and monsoons and associated winds and flooding. The government has indicated it will relocate people to the proposed site from other locations, and has given instructions to initiate and complete work within a very short timeframe. Spontaneous settlement at the site is already underway.

Bangladesh: Humanitarian situation and refugees' needs

Local authorities have been instructing people to move to the area from transit points in other parts of Cox's Bazaar and have been moving people off other spontaneous settlements towards it.

Despite the logistical constraints posed by the new site, it is clear that the aim is to house the majority of new arrivals in this area.

According to the Sphere standard for camps that are assumed to be long-term, 2,000 acres should house around 179,800 people. According to the UNHCR transit standard for camps that are assumed to be short-term, the same area can accommodate 269,700 people. However, these calculations assume that all land is usable. It is important to note that the number of recent arrivals has already exceeded the 400,000 existing Rohingya refugees in Bangladesh.

The sheer size of the proposed camp is astounding and presents massive management challenges that will have security implications. The proposed size of the site, its possible density and its vulnerability to flooding raises critical health concerns for the population who will be living there, with a massive risk of disease outbreaks. The government has suggested that the site will be fenced as a safety and security measure. Plans for roads and funding for infrastructure remain unclear. Roads and drainage are urgently needed to enable the construction of latrines, the provision of water and the management of solid waste.

Immediate needs: Food, water, sanitation, shelter, decongestion and vaccination against measles (and ideally cholera as well) are the most urgent needs and require a massive increase in assistance and funding. Once lifesaving assistance has been provided, plans need to be put in place for dealing with possible longer-term displacement and providing sufficient support to host communities.

MSF welcomes the step taken by Bangladeshi authorities to make some land available for new arrivals.⁶ While this is a welcome first step, **site planning and humanitarian coordination efforts should include potentially extending the existing camps as well as constructing additional sites.**

⁶ See <http://reliefweb.int/report/bangladesh/bangladesh-pm-visits-overflowing-settlements-cox-s-bazar-calls-government>

Humanitarian access in Myanmar

Since the violence began, humanitarian assistance has been entirely suspended in large parts of Rakhine State, while northern Rakhine State has been declared a military zone by the government of Myanmar, which will likely make it difficult for humanitarian access to resume. Even prior to the events of 25 August, access negotiations between humanitarian organisations and Rakhine State authorities had been complicated by delays in response to requests for travel authorisations to work in northern Rakhine State. Government accusations against the UN and international INGOs, denial of travel authorisations, and threatening statements and actions by hardline groups have all prevented independent humanitarian organisations from providing much-needed assistance.

Yet, people living in these areas are believed to be in dire need of humanitarian aid. In central Rakhine State, approximately 120,000 internally displaced people (IDPs) live in camps where they are entirely dependent on humanitarian assistance for their survival, due to severe movement restrictions. MSF used to provide mobile clinics in several IDP camps and villages, but international staff have not been granted travel authorisations to visit the health facilities since the end of August, whilst national staff have been too afraid to go to work following remarks by Myanmar officials accusing NGOs of colluding with ARSA.

In northern Rakhine State, no access has been granted to humanitarian agencies to the areas affected by the latest violence in Maungdaw, Buthidaung and Rathedaung Townships. The recent and ongoing violence has led to further significant internal displacement of Rohingyas, ethnic Rakhine populations and other minorities.

Food has also been reported as a major issue for IDPs inside Myanmar. Having fled their villages, many people are hiding in the mountains. Others have been unable to leave their homes or villages to access their livelihoods.

In central Rakhine, all assistance to IDP camps, including the distribution of food rations and the provision of essential healthcare, was entirely suspended for over two weeks. The gradual resumption of limited humanitarian activities since last week does not begin to cover all the needs. In northern Rakhine State, even before the current crisis, there were already children suffering from and being treated for acute malnutrition, and MSF fears that their health will have deteriorated further. Injured, sick and chronically ill people in northern Rakhine State are also likely to be particularly vulnerable.

Of further concern is the announcement by the Myanmar Information Committee, a government mouthpiece, that IDP camps will be set up for Rohingyas in northern Rakhine. A similar policy of segregation was implemented after the violence in 2012 in several townships in and around the Rakhine State capital of Sittwe. More than five years later, these IDP camps in central Rakhine continue to house some 120,000 people – mainly Rohingyas – living in squalid conditions with limited access to healthcare, with only the most basic services and with no plans in sight to either upgrade or close the camps.

MSF's concerns are compounded by reports that the provision of humanitarian aid to newly displaced people may be limited to IDP camps set up by the authorities – meaning IDPs would only receive humanitarian aid if they were in a camp. There are also reports that the Myanmar authorities will refuse to allow any UN agency or international NGO, such as MSF, to deliver humanitarian assistance in Rakhine State, and will instead oblige all aid for those people affected by the recent violence to be channelled through the Myanmar Red Cross Society, raising further concerns about the delivery of independent humanitarian assistance.

Newly arrived Rohingya wait for their turn to collect building material for their shelters distributed by aid agencies in Kutupalong refugee camp, Bangladesh, Wednesday, Sept. 13, 2017. With Rohingya refugees still flooding across the border from Myanmar, those packed into camps and makeshift settlements in Bangladesh were becoming desperate for scant basic resources as hunger and illness soared.



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Key messages for the government of Bangladesh

- Welcome the admission of Rohingyas fleeing violence in Myanmar and seeking refuge in Bangladesh;
- Welcome the facilitation of the activities of humanitarian agencies in Bangladesh in response to the mass influx of people fleeing the violence in Myanmar, and further facilitate the scaling up of humanitarian aid, including by granting and expediting the importation of humanitarian cargo, the presence of international staff and financial transfers and transactions;
- Ensure that people fleeing the violence have adequate living conditions, with access to food, water, sanitation and basic services including healthcare and education;
- Set up registration procedures to facilitate access to humanitarian assistance and basic services and to allow those in need of protection to seek and receive asylum, including with the support of UNHCR;
- In light of the shelter emergency, expedite the establishment of camps, allocate sufficient land to assist new arrivals, allow existing shelters to be improved and allow existing sites to be expanded;
- Allow freedom of movement to people who fled the violence in Myanmar so they can relocate to other parts of Bangladesh.

Key messages for the government of Myanmar

- Urge the military in Myanmar to immediately stop the violence targeting Rohingya civilians, including excessive use of force, widespread violence, unlawful killings, widespread destruction and forced displacement of Rohingyas;
- Cease baseless accusations against international NGOs of supporting the Arakan Rohingya Salvation Army (ARSA), and stop fuelling anti-NGO sentiment, both in Rakhine State and throughout the country, which has rendered the environment in Rakhine State hostile to humanitarian workers and endangered their safety;
- Allow and facilitate unhindered and unconditional access to humanitarian agencies and international organisations, including international staff, to respond to people's urgent needs for aid in all areas of northern and central Rakhine, including the worst affected areas in north Rakhine and IDP camps in and around Sittwe, central Rakhine;
- Facilitate the issuing of visas and travel authorisations for the staff of humanitarian organisations to all areas of the country requiring humanitarian and medical assistance;
- Not to set up Rohingya IDP camps in northern Rakhine as this will exacerbate the ongoing segregation between Rakhine and Rohingya communities and will further complicate long term solutions;
- Access to humanitarian assistance should not be conditional to being in an IDP camp or to assistance being exclusively channelled through the Myanmar Red Cross.

Key messages for the international community

- Put pressure on the Myanmar military to immediately end the crackdown in northern Rakhine State and cease its campaign of unlawful killings, widespread violence and destruction, and the forced displacement of Rohingyas;
- Put pressure on the Myanmar government to allow immediate and unfettered access to international NGOs to deliver aid in line with the key humanitarian principles of impartiality, independence and neutrality;
- Put pressure on the Myanmar government not to set up Rohingya IDP camps in northern Rakhine as this will exacerbate the ongoing segregation between Rakhine and Rohingya communities and will further complicate long term solutions;
- Support the government of Bangladesh and other neighbouring countries to receive those fleeing violence in Myanmar and ensure that those in need of international protection are able to seek and receive asylum, including by scaling up the activities of UNHCR;
- Encourage the government of Bangladesh to facilitate the humanitarian response by easing administrative hurdles;
- Allocate sufficient funding and resources to ensure that the emergency response in Bangladesh adequately tackles the immediate and long term needs of hundreds of thousands of refugees for shelter, hygiene, food, water and sanitation as well as access to basic services, including healthcare and education;
- Donors and relief organisations should activate their emergency response mechanisms and the UN should declare a Level 3 Emergency for Bangladesh.

